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Number of Pages (including this page)

Date: September 19, 2005

To: Betsy Lee Deppe

Location: United States Patent and Trademark Office

Fax No.: 571-273-8300

From: Valerie M. Davis

Subject: **CM00565P S/N 09/913,418**

Confirmation No.: 9541

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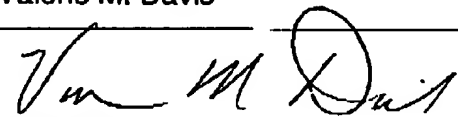
MESSAGE:

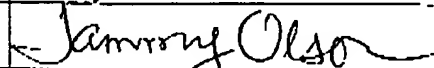
Enclosed herewith, please find AMENDMENT, (1) SHEET REPLACEMENT DRAWINGS & PETITION FOR EXTENSION OF TIME for filing in the below-identified application.

PLEASE GIVE THESE PAPERS TO:EXAMINER:
GROUP ART UNIT:
SERIAL NO.:
FILED:
INVENTOR:Betsy Lee Deppe
2637
09/913,418
AUGUST 13, 2001
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|--|----------------------|------------------------|-----------------|----------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | | 09/913,418 | |
| | Filing Date | | August 13, 2001 | |
| | First Named Inventor | | Aftelak | |
| | Group Art Unit | | 2637 | |
| | Examiner Name | | Betsy Lee Deppe | |
| Total Number of Pages in this Submission | | Attorney Docket Number | | CM00565P |

| ENCLOSURES | | | (check all that apply) |
|--|---|---|------------------------|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing (1) Replacement Sheet <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____ | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) | |
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| Firm or Individual | Valerie M. Davis | Registration No. | 50,203 |
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| Typed or printed name | Tammy Olson | | |
| Signature |  | | Date September 19, 2005 |